FUEL & EMISSIONS QUESTIONNAIRE
Service Advisor Job Aid

Service Advisors: Fill out this form completely and attach it to the repair order.

Name:_____ Date: _____

Repair Order: _____ Advisor:_____

Has the vehicle recently been serviced for this problem/symptom? ☐ Yes ☐ No

(Please explain): _____

Any other problem/symptom? ☐ Yes ☐ No

(Please explain): _____

Where has the vehicle been serviced? _____

☐ Fuel Injected ☐ Programmed Carb. ☐ Carb. (Skip to #6)

1. **Has the check engine light [Malfunction Indicator Lamp (MIL)] come on?** ☐ Yes ☐ No
2. **Is the light currently on?** ☐ Yes ☐ No
3. **When did you notice the light come on?**
   - ☐ After strarting engine
   - ☐ At idle
   - ☐ After_____ miles/minutes
   - ☐ When Accelerating (_____RPM)
   - ☐ When Decelerating (_____RPM)
   - ☐ When Cruising (_____RPM)
4. **What was the ambient air temperature at the time of failure?_____Degrees**
5. **What was the coolant temperature gauge reading at the time of failure? _____(needle position)**
6. **Driveability problems? Can the problem be duplicated now?** ☐ Yes ☐ No
   - ☐ Power loss cold (_____RPM)
   - ☐ Hesitation cold (_____RPM)
   - ☐ Decreased fuel economy
   - ☐ Other: _____
   - ☐ Power loss hot (_____ RPM)
   - ☐ Hesitation hot (_____ RPM)
   - ☐ Sulphur smell
   - ☐ Smoke from Tailpipe
7. **Starting problem?**
   - ☐ Cold engine
   - ☐ Morning
   - ☐ Cranking time (_____seconds)
   - ☐ Warm engine
   - ☐ Afternoon
   - ☐ Misfire
   - ☐ Stalls (_____times)
   - ☐ Soak time (_____min.)

Is the customer familiar with proper starting procedures? ☐ Yes ☐ No

8. **Idle problems?**
   - ☐ Cold engine
   - ☐ Morning
   - ☐ Both
   - ☐ Idles low (_____RPM)
   - ☐ Idles high (_____RPM)
   - ☐ Rough idle/misfire
9. **Other Comments:** _____

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